

## ORANGE COUNTY EMERGENCY MEDICAL SERVICES

BASE HOSPITAL TREATMENT GUIDELINES

## TRAUMATIC CARDIOPULMONARY ARREST - ADULT/ADOLESCENT

BH-T-10 Page: 1 of 1

04/01/13 Date:

## **BASE GUIDELINES**

- 1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
- 2. Treat cardiopulmonary arrest in the traumatic cardiopulmonary arrest patient according to BH-C-10/SO-C-10 Cardiopulmonary Arrest -Adult/Adolescent Non-Traumatic **or** BH-P-40/SO-P-40 Cardiopulmonary Arrest (Pediatric).
- 3. If no signs of life, consider OCEMS Policy # 330.50, "Withholding Prehospital CPR for the Obviously Dead" (particularly for blunt trauma cardiopulmonary arrest victims):
  - Assess respiratory status
  - Assess cardiac status
  - Assess pupil light reflexes and response to voice and touch stimulation
  - If there is uncertainty regarding the above findings supporting the withholding of CPR for a victim who appears obviously dead, obtain cardiac rhythm strips in two leads to confirm asystole to support the assessment of the victim being obviously dead.
- 4. Trauma arrest patients for who resuscitation and transport is pursued should be triaged as follows:
  - Unmanageable airway Triage to closest ERC
  - o Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant women) - Triage to PTRC
- 5. Transport of trauma victims should be rapid with treatment enroute when possible.

## **ALS STANDING ORDER**

- 1. Suction and maintain open airway, assist ventilations with BVM as necessary.
  - ► Use high-flow oxygen when assisting ventilation.
- Initiate or maintain spinal immobilization as appropriate.
- 3. Monitor cardiac rhythm and manage treatable dysrhythmias using cardiac treatment guidelines.
- 4. If chest injury and pulseless with suspected tension pneumothorax:
  - ▶ Place Needle Thoracostomy to side of chest with absent breath sounds.
- 5. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
  - ▶ 250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion.
- Intubate as necessary to maintain airway and ventilation.
- 7. Make Base Hospital contact for any further orders and transport destination.

Approved:

